

FILED FEB 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4854  
359

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 21 Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kasas City			
d. FULL NAME OF HOSPITAL OR INSTITUTION Locarno Apt's				d. STREET ADDRESS (If rural, give location) 235 Ward Parkway			
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) V.		c. (Last) Dippel		4. DATE OF DEATH (Month) (Day) (Year) 1- 23- 49	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 21, 1886	
9. AGE (In years last birthday) 62		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 1 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10b. KIND OF BUSINESS OR INDUSTRY Ind.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME John H. Dippel		13b. MOTHER'S MAIDEN NAME Elizabeth Hahn		14. NAME OF HUSBAND OR WIFE Pearl C. Dippel			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W. W. # 1		16. SOCIAL SECURITY NO. 081-09-1668		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pearl C. Dippel 2235 Ward Parkway			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <i>Cerebral Apoplexy 1/17/49</i></p> <p>INTERVAL BETWEEN ONSET AND DEATH: <i>6 Days</i></p> <p>ANTECEDENT CAUSES DUE TO (a) <i>Hypertension</i> DUE TO (b) <i>General Arteriosclerosis</i></p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Cerebral Apoplexy 10/7/47</i></p>					
19a. DATE OF OPERATION <i>None</i>		19b. MAJOR FINDINGS OF OPERATION <i>334 X</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <i>9/28/48</i> to <i>1/23, 1949</i> , that I last saw the deceased alive on <i>1/22, 1949</i> and that death occurred at <i>6:45 a.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>William B. Allen</i> (Degree or title)				23b. ADDRESS <i>Evansville, Ind.</i>		23c. DATE SIGNED <i>1/24/49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-27-49		24c. NAME OF CEMETERY OR CREMATORY Evansville, Ind.		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.	
DATE REC'D BY LOCAL REG. 1-25-49		REGISTRAR'S SIGNATURE <i>Sheldine Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE STINE & MCCLURE		ADDRESS KANSAS CITY, MO.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Wm. L. B. C. ...  
...  
all B.M.

FEB 24 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4555

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.